Virginia State Board of Elections



Statement of Organization CANDIDATE

CITY OF ALEXANDRIA

MAR 1 4 2012

☐ Amended Statementoral BOARD

New Candidate

*Please read instructions before completing this form.

	Campaign Committee	's Mailing Address	
	Silberberg for City (Council 2012	
Campaign Committee's Mailing Address	City Conneil District (if	Democratic One) Political Party	June 12,201 Date of Election
	1544 Mount Eagle Place Street Address/PO Box	Suite #	
	Alexandria V City allison@allisonsilberberg Email Address		5-0006
	Email Address Candidate's In		
Candidate Information	Mr. /Ms. Last Name	First Name	
	1544 Mount Eagle Plac Residence Address		
	Alexandria Vi	rahia 22302	Alexandria
	City	state Zip	County or City
	allison@allisonsilberberg.	Daytime Phone #	-0006
	Treasurer In		
	Ms. Silberberg Mr. /Ms. Last Name	Allison	
	0.5		
Treasurer's Name and Address	1544 Mount Eagle Pla Residence Address	Suite#	
	11 15	772.40	Mora Lix
	Alexandria V	itate Zip	County or City
	allison Gallison silberberg.	com 703-39:	5-0006
	Campaign D	epository	Million of the party of
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)	

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Statement of Organization CANDIDATE

Signatures			
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. March 14, 2012 Date March 14, 2012 Date		
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. March 14, 2012 Date		
Filing Method			
Electronic Filing Agreement	Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such. I intend to electronically file using Virginia's VAFiling Program. I intend to use an SBE Approved Vendor (Please Enter Name of Vendor) Warch 14, 2012 Date Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.		
	Signature Date		